

## TOWN OF SOUTHAMPTON

ANTHONY D'ITALIA  
CHAIRMANDepartment of Land Management  
Licensing Review Board  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968ANNA THRONE-HOLST  
TOWN SUPERVISOR

Phone: (631) 702-1826

Fax: (631) 287-5754

**Two Year Home Improvement Contractors License Application Instructions****Application Must Include The Following Requirements & \$200 Fee:**

***\*NOTE: You will not receive renewal notifications if you do not provide the Town with an E-mail address.***

**✗ APPLICATION** must be completed in its entirety and notarized.

**✗ ATTACH** a copy or copies of Vehicle Registrations

**✗ PHOTOGRAPH(s)** of business owner(s) attached to page three.

**✗ IF YOUR BUSINESS IS A:**

**Sole Proprietorship** – The application must include a Business Certificate from Suffolk County reflecting D/B/A for business name applied for. A photocopy may be submitted if it includes both letter and certificate;

**Partnership** – The application must include documentation of Articles of Partnership/Business Certificate stating partnership information;

**Corporation/LLC** – The application must include a Certificate of INC/LLC with Receipt from State, or letterhead/invoice embossed with the corporate/LLC seal stamp.

**✗ ATTACH** a Certificate of Liability Insurance “ACORD” certificate listing the Town of Southampton and Town Hall address as Certificate Holder.

**INSURANCE COVERAGE REQUIRED AS FOLLOWS:**

Bodily Injury                      \$100,000.00 per person, \$300,000.00 per occurrence

Property Damage                \$50,000.00 each occurrence and aggregate

Insurance Description        A description of policy coverage, located in the appropriate area on the Certificate of Liability Insurance, is required. \*Ask your insurance carrier for details.

**Workers Compensation**    **FORM: U26.3 or CI05.2 ONLY**

In accordance with New York State regulations, Workers Compensation is required if you employ one or more Persons. Incorporated businesses without Workers Compensation may be eligible for an exemption: Please visit: [www.wcb.state.ny.gov](http://www.wcb.state.ny.gov) for a CE-200 exemption form print-out and more information from New York State.

**Home Improvement Contractor****NEW LICENSE Application**  
**TWO-YEAR LICENSE****FEE \$200.00**  
**Payable to: Town of Southampton****FOR DEPARTMENT USE ONLY**

Receipt No. \_\_\_\_\_

Application Date \_\_\_\_\_

License No. \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

1. **Business Name:** \_\_\_\_\_**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone No.:** (\_\_\_\_\_) \_\_\_\_\_**Email address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_*\*NOTE: You will not receive renewal notifications if you do not provide the Town with an E-mail address.***Contractor Name (Individual applying for license):** \_\_\_\_\_**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone No.:** (\_\_\_\_\_) \_\_\_\_\_

2. What type of business are you seeking a license for? \_\_\_\_\_

**(Note: Provide proof of New York State D.E.C. Certification if your business uses chemicals such as landscape, fumigation)**

3. Is your Home Improvement Business a:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation

4. If your business is a Partnership, please list all partners:

\_\_\_\_\_

\_\_\_\_\_

5. If your business is a Corporation, please list all officers:

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

*\*Insurance cannot expire the same month application would go in front of the Licensing Review Board.*

6. Have you ever been licensed in the Town of Southampton under this or any other business name/number?

- ☐ No
- ☐ Yes

If yes, please list said business information.

**Company Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

7. Have you been self-employed during the last five (5) years? ☐ Yes ☐ No

If NO, please list the two most recent employers:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

8. Within the last three (3) years, have you had an occupational license denied, suspended or revoked **or** had any filed complaints against individuals/officers of said business under present or former name?

- ☐ No  
☐ Yes

If yes, please state the name of the business and in specific terms provide an explanation of the date, nature and disposition of said complaint on the reverse side of application marked additional information sheet.

9. Have you ever been convicted of a crime or violation of law other than a traffic violation?

- ☐ No  
☐ Yes

If yes, please complete the reverse side of application marked additional information sheet.

10. Please list Business Bank Account information below:

**Title of Account and Name of Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

11. Please list two (2) Trade references (where you purchase your trade materials) below:

**Title of Account and Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Title of Account and Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

12. Are there any liens or judgments on file in New York State against your business? ☐ No ☐ Yes  
If yes, please list and briefly explain below:

---

---

**Note: False statements made herein are punishable as class “E” felonies pursuant to section 175.35 and section 210-45 of the Penal Law, State of New York.**

State of New York}  
County of Suffolk }

I, \_\_\_\_\_, being duly sworn, depose and say:  
Print name

I certify that all of the answers on this application are true and correct. I also certify that all Plumbing and Electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Suffolk County License, where applicable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Date

**Attach Photograph Here**

Sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



Home Improvement Contractors are bound by the regulations as defined in Chapter 143 of the Southampton Town Code.

Subcontractors providing home improvement services are required to be licensed by the Town of Southampton with the exemption of Plumbers and Electricians who are required to be licensed by Suffolk County.

New license applications are to be considered for approval at the regularly scheduled meetings of the Licensing Review Board held on the second Wednesday of each month. Applications are to be received by last day in month prior to said meeting. **Any applications received after that time will be held until the following scheduled meeting.** Approved applications will be issued license numbers valid for 24 months from the date of approval by the Board. **Licensee is responsible for renewing said license number every 24 months by completing and submitting a License Renewal application to the Board for review.**

**In accordance with the New York State Penal Law Section 175.35: Offering a false instrument for filing, “first degree”.**

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such or public office or public servant. Offering a false instrument for filing in the first degree is a Class “E” felony.

**\*Insurance cannot expire the same month application would go in front of the Licensing Review Board.**

**Additional Information Sheet**

**THIS PORTION OF THE APPLICATION IS TO BE COMPLETED IF YOU HAVE HAD ONE OF THE FOLLOWING OCCURRENCES:**

- ☐ License denied.
- ☐ License revoked.
- ☐ License suspended.
- ☐ A complaint against yourself or your business.
- ☐ Committed any crime or violation of law.
- ☐ Have judgements against yourself or your business.

1. Please list the business name and classification of license that was denied, suspended or revoked and the date and reason for same.

---

---

---

2. Was the license reinstated?

- ☐ No
- ☐ Yes – IF YES, ATTACH A COPY OF THE REINSTATEMENT CORRESPONDENCE.

3. Please list any complaints that have been filed against you or your company under any present or former business name(s) in the last three (3) years. Clarify the nature and disposition of said complaint in a brief but detailed explanation.

---

---

---

4. Please list and clarify the nature of any crimes or violations of the law relating to your business for which you have been charged **and** attach any disposition correspondence of same.

---

---

---

5. Disputed judgments and/or complaints in negotiation are explained as follows:

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\*Insurance cannot expire the same month application would go in front of the Licensing Review Board.

TOWN OF SOUTHAMPTON

Department of Land Management  
Licensing Review Board  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968



ANTHONY D'ITALIA  
CHAIRMAN

Phone: (631) 702-1826  
Fax: (631) 287-5754

ANNA THRONE-HOLST  
TOWN SUPERVISOR

VEHICLE STICKER APPLICATION

HOME IMPROVEMENT/PLUMBING/ELECTRICAL CONTRACTORS

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Please list all vehicles used and/or associated with your business:

**\*\* *COPY(IES) OF REGISTRATION(S) MUST BE SUBMITTED WITH YOUR REQUEST.***

**\*\* APPLICATIONS WITHOUT NECESSARY PAPERWORK WILL BE RETURNED AS INCOMPLETE.**

Vehicle Identification Number

License Plate Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_